

# CONTINUING EDUCATION COURSE APPLICATION

APPLICANT INFORMATION		BOX 1
Applicant Name: (Last) (First) (Middle)		
Title/Rank:	Applicant's Social Security #:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Agency:	Agency E-Mail Address:	
Agency Phone:	Applicant E-Mail Address:	
Agency Fax:	<input type="checkbox"/> Please add this address to the KLETC Continuing Education E-mail listserv for notification of upcoming classes and events	
Agency Mailing Address: (Street or PO Box) (City) (County) (State) (Zip)		

COURSE INFORMATION		BOX 2
Course Title:	Project Number:	Course Dates:
Location of Course:		Course Times:

MEALS AND LODGING	BOX 3
Meals and lodging and any costs incurred during this course will be the sole responsibility of the applicant and/or their agency, unless otherwise noted in the course description. Meals and lodging at KLETC are subject to limited availability, and are not guaranteed until confirmed. Lodging rates at KLETC are based upon double occupancy. Requests for single occupancy will be considered on a space available basis, at an additional cost. <input type="checkbox"/> I request meals and lodging	

REASONABLE ACCOMODATION	BOX 4
Pursuant to the Americans with Disabilities Act, KLETC will consider any reasonable need or purpose which the applicant or his/her agency may have regarding the requested course or training. Do You Request a Reasonable Accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____	

FEES	BOX 5
Commuter: \$	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (PLEASE ENCLOSE) or: <input type="checkbox"/> Government Purchase Order <input type="checkbox"/> Government Purchasing Card <input type="checkbox"/> Bill My Agency
Meals & Lodging: \$	<b>**NO FEE CLASSES ONLY**</b> I plan on purchasing meals for cash at the KLETC Cafeteria: <input type="checkbox"/> YES <input type="checkbox"/> NO
Course fees vary Please consult the course announcement. Make checks or Purchase Orders payable to The University of Kansas at the address below.	

APPLICANT PRIORITY	BOX 6
If your agency is submitting more than one application for this course, circle the priority of <b>THIS</b> applicant: (highest) 1 2 3 4 5 (lowest)	

AGENCY EXECUTIVE AUTHORIZATION	BOX 7
(Name) (Title) (Signature) (Date)	
Send completed application form to: KLETC Registrar PO Box 647 Hutchinson, KS 67504-0647 Questions regarding the application process should be directed to (620) 694-1410	<b>For KLETC Use Only</b> ENTERED Project # _____ Date: _____ By: _____

**"Integrity is the Basis for Community Trust"**